PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10636 148

	•	CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR SMALL ENTITY		
TOTAL CLAIMS			10				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		·	BASIC FEE	375.00	OR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS			/ 0 minus 20=		. 4			X\$ 9=		OR	X\$18=	- /
IND	EPENDENT CL	AIMS	ζ minus 3 =		·		ı	X42=		OR	X84≈	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	· · · · · · · · · · · · · · · · · · ·		+280=	
* If the difference in column 1 is less than zero, enter "0"						olumn 2	١	TOTAL		OR	TOTAL	700
CLAIMS AS AMENDED - PART II								IOIAL		OR	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	62	20	= 4		X\$ 9=		OR	X\$18=	
	Independent	• 5	Minus	***	3	6		X42=		OR	X84=	
لــا	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		1	+140=		OR	+280=	
		•					1	TOTAL		OR	TOTAL	
		(Column 1)	1: • :	(Colu	mn 2)	(Column 3)	•	addit. Fee			ADDIT. FEE	
AMENDMENT B	:	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FÈE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus	** 2	20	= <u>A</u>	11	X\$ 9=		OR	X\$18=	
	Independent	. 3	Minus	***	3	0		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DES	PENDEN	TCLAIM		J	+140=		OR	+280=	
	11/							TOTAL		OR	YOTAL	
ſ	X0/11/14	(Column 1)	1:	Colu	ımn 2).	(Column 3)	•	ADDIT. FEE		,	ADDIT. FEE	
NTC		CLAIMS REMAINING AFTER AMENDMENT	,	HIG NUA PREVI	HEST ABER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL REE
AMENDME	Total	. 9	Minus	- 6	20	-8	1	X\$ 9=	TEE	OR	X\$18=	
NE SE	Independent	. 3	Minus	419A	3	-6	1	X42=		OR	Y04	<u> </u>
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM]					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For (IN THIS SPACE is less than 20, enter "20. **TOTAL OR ADDIT. FEE ADDIT. FEE ADDIT. FEE TOTAL OR ADDIT. FEE ADDIT. FE												
											7007045347.0	

FORM PTO-875 (Rev. 12/02)

Meding Office: 2003 — 428-27889151 Patient and Trades